



The Army Nurse

For Army Nurses

Medical Department Dietitians

Medical Department Physical Therapy Aides

Occupational Therapy Aides

VOL. I No. 8

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THE ARMY NURSE
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THIS ISSUE

Section	Page
The Cover.....	2
Public Law No. 350 -- 78th Congress	2
Army Nurses Discard White Uniform..	4
Medical Department Dietitians.....	5
Interesting Folks in The Army .	
Nurse Corps.....	5
What Part Are you Playing in the	
A.N.C.?.....	5
Twelve Army Nurses Awarded Bronze	
Stars.....	6
A Peek At Greenland.....	6
Things We Never Knew 'Till Now	
About Fungi.....	7
Sixty-Nine Army Nurses Dead Since	
Dec. 7th.....	8
Edgar Bergen, Friend of Nurses.....	8
Bands on Caps Discontinued.....	9
Facts about Dependency Allowance...	10
Another Theater Heard From.....	10
Looking Forward.....	11
What the Cadets Are Doing.....	11
R.N.'S Should Know.....	11
War Department Circulars.....	15
About Nurses' Aides.....	16
From a Misinformed Individual.....	17
Questions and Answers.....	18
Change in Designation of P. T.	
Personnel.....	22

THE COVER

Nurse Lieut. Iris J. Ezell, San Antonio, Texas, is supervising a German Medic in administering a stomach pumping treatment to a captured German casualty. (European Theater)

PUBLIC LAW NO. 350 - 78th CONGRESS

IN ORDER THAT ARMY NURSES MAY KNOW the complete provisions of Public Law No. 350, it is quoted in its entirety.

(PUBLIC Law 350 - 78th Congress)
(Chapter 272 - 2d Session) (S. 1808)

AN ACT

(To authorize temporary appointment as officers in the Army of the United States of members of the Army Nurse Corps, female persons having the necessary qualifications for appointment in such corps, female dietetic and physical-therapy personnel of the Medical Department of the Army (exclusive of students and apprentices), and female persons having the necessary qualifications for appointment in such department as female dietetic or physical-therapy personnel, and for other purposes.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That, notwithstanding any other provision of law, members of the Army Nurse Corps, female persons having the necessary qualifications for appointment in such corps, female dietetic and physical-therapy personnel of the Medical Department of the Army (exclusive of students and apprentices) appointed under the provisions of the Act of December 22, 1942 (56 Stat. 1072), and female persons having the necessary qualifications for appointments in such department as female dietetic or physical-therapy personnel under the provisions of the Act of December 22, 1942 (56 Stat. 1072), may be appointed as officers in the Army of the United States under the provisions of the joint resolution of September 22, 1941 (55 Stat. 728), as amended by the Act of July 7, 1943 (Public Law 114, Seventy-eighth Congress), in the grades therein prescribed, and assigned, respectively, to the Army Nurse Corps and Medical Department of the Army. All persons so appointed and assigned shall have authority in and about military hospitals as regards medical and sanitary matters and all other work within the scope of their professional duties next after

other officers of the Medical Department and, except as above provided, shall exercise command only over those members of the Army of the United States specifically placed under their command. Members of the Army Nurse Corps so appointed and assigned shall not by acceptance of their appointments vacate their appointments in the Army Nurse Corps.

Sec. 2. All persons appointed and assigned as officers in the Army of the United States under the provisions of section 1 of this Act and their dependents and beneficiaries shall have all the rights, privileges, and benefits accorded in like cases to other persons appointed under the joint resolution of September 22, 1941 (55 Stat. 728), as amended, except where otherwise expressly provided in this or any subsequent Act.

Sec. 3. In addition to members of the Army Nurse Corps, any person appointed and assigned as an officer in the Army of the United States under the provisions of section 1 of this Act shall be eligible to be retired under any law providing for the retirement of members of the Army Nurse Corps, and any such person, including members of the Army Nurse Corps, who, while serving under such appointment and assignment, is so retired for disability shall receive retired pay at the rate of 75 per centum of the active duty base and longevity pay received by her while serving in the highest grade in which she served under any such appointment and assignment, and, notwithstanding any other provision of law, shall be placed upon the Army Nurse Corps retired list in such highest grade. Any member of the Army Nurse Corps retired between December 7, 1941, and the date of enactment of this Act for disability and any female dietitian or physical-therapy aide so retired between January 12, 1943, and the date of enactment of this Act, shall receive, effective on the first day of the first month next following the date of enactment of this

Act shall receive, effective on the first day of the first month next following the date of enactment of this Act, retired pay at the rate of 75 per centum of the highest active duty base and longevity pay received by her while serving in the Army Nurse Corps or Medical Department of the Army, as the case may be, during the above-cited applicable period: Provided, That nothing contained in this section shall operate to reduce the retired pay presently received by any nurse, female dietitian, or physical-therapy aide.

Sec. 4. In computing years of service for all purposes of members of the Army Nurse Corps appointed and assigned under the provisions of section 1 of this Act there shall be credited active service in the Army Nurse Corps and in the Navy Nurse Corps, active service as a contract nurse prior to February 2, 1901, and service rendered pursuant to an appointment under this Act.

Sec. 5. In computing years of service for all purposes of female dietetic and physical-therapy personnel appointed and assigned under the provisions of section 1 of this Act there shall be credited all active full-time service (except as a student or apprentice) in the dietetic or physical-therapy categories rendered subsequent to April 6, 1917, as a civilian employee of the War Department, service rendered pursuant to an appointment as a female dietitian or physical-therapy aide under the provisions of the Act of December 22, 1942 (56 Stat. 1072), and service rendered pursuant to an appointment under this Act.

Sec. 6. Notwithstanding any other provision of law, no woman appointed and assigned under the provisions of section 1 of this Act who is a member of the Army Nurse Corps or who has previously held an appointment as a female dietitian or physical-therapy aide under the provisions of the Act of December 22, 1942 (56 Stat. 1072), shall be entitled to any uniform allowance payable

to officers of the Army of the United States. Any such woman who, either as a member of the Army Nurse Corps or a dietitian or physical-therapy aide, has not received a complete issue of uniforms, insignia, accessories, and equipment prescribed by regulations of the Secretary of War for persons in the respective categories may be issued the remainder of such prescribed articles, and any such woman who has heretofore or may hereafter receive such complete issue, or any part thereof, may retain such articles as her personal property.

Sec. 7. For the purpose of effectuating prompt and equitable appointments under section 1 of this Act of the personnel mentioned in the title of this Act who are on active duty on the date of enactment of this Act, the President is authorized to appoint, in commissioned grades corresponding to the relative rank held by such personnel on the effective date of the order of appointment, all or any part of such personnel by means of a blanket order without specifying the names of the personnel so appointed. Any person so appointed by such blanket order shall be deemed for all purposes to have accepted her appointment as an officer in the Army of the United States upon the effective date of such blanket order unless she shall expressly decline such appointment, and shall receive from such date the pay and allowances of the commissioned grade to which she was so appointed. No such person who, upon receiving an appointment in the Army of the United States, shall have subscribed to the oath of office required by section 1757, Revised Statutes, shall be required to renew such oath or to take a new oath upon her appointment as a commissioned officer, if her service in the Army of the United States after the taking of such oath shall have been continuous.

Sec. 8. Women appointed in the Army Nurse Corps, female dietitians and physical-therapy aides appointed in the Medical Department of the Army under the

provisions of the Act of December 22, 1942 (56 Stat. 1072), and women appointed from civilian life under the provisions of section 1 of this Act shall receive for travel performed under competent orders from home to first-duty station the mileage allowance provided for persons appointed as officers under the joint resolution of September 22, 1941 (55 Stat. 728). This section shall be applicable with respect to travel performed on or after December 22, 1942.

Approved June 22, 1944.

ARMY NURSES DISCARD WHITE UNIFORM FOR BROWN AND WHITE PIN STRIPE

The traditional nurse's white uniform, for years the trademark of graduate registered nurses in the United States, is being discarded by the Army in favor of brown and white pin stripe for wear in Army hospitals. This will not apply to contract civilian nurses in Army hospitals or to civilian registry nurses on special duty with private patients in Army hospitals.

Since the Army Nurse Corps was established in 1901, the Army nurse uniform has been white. The first regulation called for a "waist and skirt of suitable white material, adjustable white cuffs, bishop collar, white apron and cap according to patterns and specifications in The Surgeon General's Office." This uniform was worn with a large, green enamel cross with a gilt edge pinned on the left side of the collar. Styles changed to conform to modern ideas, but white remained the color of choice.

The new uniform adopted by the Army has been worn only in oversea theaters. It is easily laundered, has a conventional color, is neat and trim looking, has no buttons to be lost, does not wrinkle, does not require starching or pressing, and does not necessitate extensive alterations for size as did the white uniforms.

Officers of the Army Nurse Corps commissioned since the Bolton Bill was signed last 22 June will not need to supply themselves with the white uniforms, and nurses appointed before the bill was signed will be issued the brown and white seersucker. The change becomes effective as soon as the nurse obtains the uniform.

MEDICAL DEPARTMENT DIETITIANS

It is contemplated that there will be a gathering of the Medical Department dietitians present at the American Dietetic Association Annual meeting which is to be held in Chicago, October 25 - 27. If you are planning to attend, and there are any questions you wish to have discussed, forward them to Major Helen C. Burns, Director of Dietitians, Office of The Surgeon General, Washington 25, D. C.

INTERESTING FOLKS IN THE ARMY NURSE CORPS

"Lieutenant Doris Ripoli," states the Letterman FOG PORN, "before her Army career, played with the Spokane Symphony Orchestra." Lieutenant Ripoli entertained at the piano when the Army Nurse Corps officially welcomed the new cadet nurses to Letterman at a tea and reception recently.

Do you have an acquaintance in the A.N.C. who did interesting things before the war? We have had rumors of nurses who went on fascinating trips down through South America; nurses who worked on scenery sets in Hollywood; nurses who worked on newspapers; nurses who sang with well-known bands. Another was a missionary in Korea, and another did missionary work in China.

Tell us about your friend or yourself. It isn't a question of bragging ---it's a question of getting to know, really, what a fine lot of people make up the Army Nurse Corps. If everyone knew all the nice things there are to know about everyone else, you'd be mighty proud to be called one of those 'Army nurses.'

WHAT PART ARE YOU PLAYING IN THE A. N. C.?

By Lieut. Juanita R. Dewey

(At the time this was written, Lieutenant Dewey was on temporary duty in The Surgeon General's Office from Camp Polk, Louisiana)

Sitting here in the office of the Army Nurse, watching each one at his own typewriter and desk busy as a bee, hearing the telephone ringing almost constantly, seeing papers and more papers coming up for consideration, questions of all sorts and kinds being asked on every hand, and stacks upon stacks of newspaper clippings and photographs collect higher and higher for use or disposal for the A.N.C. ----- then, there is no doubt that the functioning of the A.N.C. is that of a very "live" organization.

But what tells the tale even more so are the stories themselves of what the Army nurses are doing overseas, what they are doing on the home fronts, progress being made by the organization itself, and the reception of the Army nurses from the soldiers, officers, and other personnel. Would Clara Barton and other leaders of nurses in war realize today the dream of yesterday?

On the other hand, regardless of the progress in any organization, there should never be a point reached in which self-satisfaction reigns and allays all enthusiasm and initiative to push forward. And surely there is no other time more imperative than now that we fight harder than we have ever fought before. No other incentive could be greater than to help on the front lines in the crisis facing us now.

But are we meeting the crisis to the best of our ability? Those of you in hospitals in the states or out of the states might ask yourselves these questions: "Am I using the best of

techniques in nursing procedures?" "Am I giving the corpsmen or corps WACs too much liberty in choosing their own methods?" "Am I doing my best to teach the corpsmen those principles and techniques that I was taught in training school?" "Am I upholding the principles and standards of not only good nursing but of the best nursing?" If you can say YES to all these questions, then, in any situation or emergency you can be assured of being the true example of Florence Nightingale and loved for it wherever you might be. You will not be just the "nurse with a bar" but the "nurse that we want."

TWELVE ARMY NURSES AWARDED BRONZE STAR

Twelve Army nurses have been awarded the Bronze Star for heroic achievement in action in Italy. This brings to a total of 17 the number of American nurses who have been decorated for gallantry under fire. One Bronze Star, awarded to 1st Lieutenant Cordelia E. Cook, and four Silver Star awards were made earlier.

Those decorated were:

1st Lieuts:

Rose C. Craig, Route No. 5, Box No. 237, Dallas, Tex., a graduate of Baylor Hospital School of Nursing, Dallas, Tex.

Thelma Dennis, McKinney, Tex., a graduate of St. Paul's Hospital School of Nursing, Dallas, Tex.

Anne Stella Zadylak, 319 Graft St., Everson, Pa., a graduate of St. John's Hospital School of Nursing, Pittsburgh, Pa.

2d Lieuts:

Isabell Dupont, 120 Summer St., Lee, Mass., a graduate of St. Francis Hospital School of Nursing, Hartford, Conn.

Maude Lonnette Lee, Ringgold, La., a graduate of Shreveport Charity Hospital School of Nursing, Shreveport, La.

Anna H. Spillman, Route No. 1, Jackson, La., a graduate of Baton Rouge

General Hospital School of Nursing, Baton Rouge, La.

Katherine C. Baltzer, 1423 - 16th St., Monroe, Wisc., a graduate of the University of Wisconsin School of Nursing, Madison, Wisc.

Inez R. Combites, Wagoner, Okla., a graduate of Hillcrest Memorial Hospital School of Nursing, Tulsa, Okla.

Grova Nelle Dickson, 5½ Fort Sill Blvd., Lawton, Okla., a graduate of Oklahoma University School of Nursing, Oklahoma City, Okla.

Isabelle Huffman, 1634 Jackson Blvd., Chicago, Ill., a graduate of Cook County School of Nursing, Chicago, Ill.

Frances A. Miernicke, 2766 Wellington St., Duluth, Minn., a graduate of St. Luke's Hospital School of Nursing, Duluth, Minn.

Anna M. Smith, Martins Ferry, O., a graduate of Martins Ferry Hospital School of Nursing.

A PEEK AT GREENLAND

(From 1st Lieut. Evelyn Ramsdell)

"We are generally well here. The nursing problem is ordinary, for this is a healthy climate. Our toughest fight is isolation, but we are continually in demand for dates, and although limited to a small area, we attempt to simulate normal social evenings.

"The scenic effects are not exaggerated by writers or cameras. Right now the fjord is full of incredibly beautiful icebergs -- blue, green, and white, floating about like massive jewels in a setting of green or blue water. Waterfalls are seen all around us, and an eerie effect is produced when a high wind takes the water and actually sprays it back up again from whence it has fallen. Dust is blown about, too, in desert-like quantity.

"We have about three-fourths of an hour of darkness, now. It's never really dark. Yet we sleep as well as usual, after about a week of awakening suddenly and wondering if our watches have stopped. There will be many beautiful flowers,

they say, later on in July. Already we find lovely, dark pink blossoms in the hillside moss. The moss itself is delightfully varied in intricate design.

"Whenever we feel sorry for ourselves, we say 'Well, someone has to be here; and it's far better than mosquitoes and malaria and bugs and the million other aggravations of the tropics.'"

(What do you folks down in the tropics think of that?)

THINGS WE NEVER KNEW 'TILL NOW ABOUT FUNGI

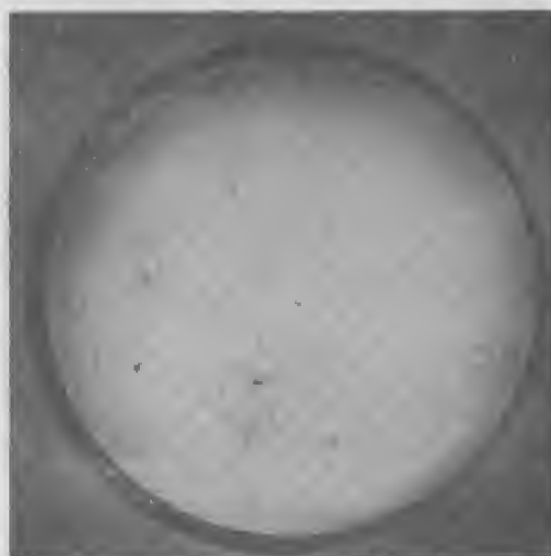
As much as we hated the mildew, mold, or rot that develops without encouragement in the hot, damp climates, we never knew how much real damage it can do until the Ordnance Department came out some time ago with an article concerning it. If you are interested --- "Fungi thrive in humid heat. Hence they make their presence known very decisively in the Pacific theaters, where rain is a daily occurrence, humidity always high, and the heat oppressive. Their "spores" or "seeds" are microscopic and ever present -- in the air, in all surface soil (300,000 to 14,000,000 in every ounce), on all materials, in equipment having sealed-in spaces. Under conditions favorable to their growth, these minute spores will "germinate" and spread the threads of the fungus over the surface of substances, and sometimes through them."

"During growth, fungi produce a variety of organic acids such as citric, oxalic, fumaric, gluconic, or carbonic. These acids etch away the surfaces of metals and may attack such inert material as glass. As for their rotting ability, everyone is familiar with their work on such organic materials as textiles, wood, and animal and vegetable matter of all kinds which we throw aside carelessly in damp places here at home."

"In the South Pacific, fungi represent quite a problem. Packages con-

taining material and supplies that are shipped to those theaters often have the seams spread enough to allow the ever present moisture to enter. Rubbing of grease-protected contents of boxes against the packing removes the preservative and may rupture the waterproof liner which will allow entry of moisture and myriads of spores. As a consequence, large stores of material have been found to be not only corroded but also covered with fungous growths and damaged beyond use....."

"Fungi do not make exceptions as to the type of material they will attack. For example, they have impaired many lenses used in optical instruments, and will carry with it many of these microscopic forms of life, or they may already be present, and the moisture will furnish them with the necessary nutrition for their existence and multiplication. Once the spores begin to germinate, fungal colonies are formed on the surfaces of the lenses. As the growth becomes larger, the acids produced by their growth may etch the surface of the lens. Even when this fungous growth is very carefully removed, the lens is often discolored, and its usefulness is greatly reduced if not entirely destroyed."



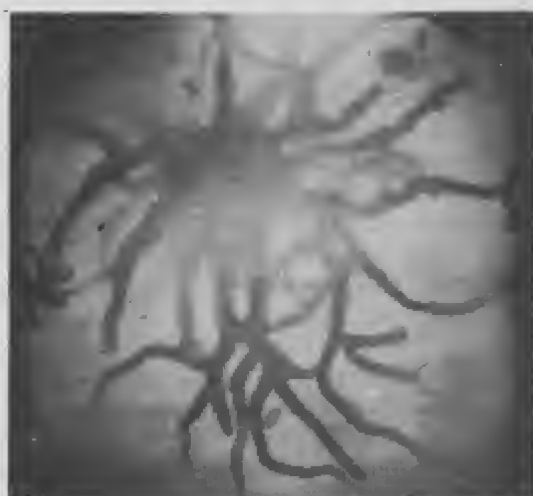
1. Lens of an optical instrument that has been made useless by fungous growth. The instrument from which this lens was taken was in use in the South Pacific battle area.

(FUNGI)

SIXTY-NINE ARMY NURSES DEAD SINCE
DECEMBER 7



2.- The larger fungous growth on the optical lens is shown magnified 10 times. The dark spot in the center is possibly a mite which supplied the nourishment for the fungi.



3. After the lens has been cleaned, this discoloration remained. This is an example of the danger that can be caused by fungi and their spores. Magnification 10 times.

The Army Nurse Corps has lost 69 of approximately 40,000 members in line of duty since Pearl Harbor. Twenty-four have been reported as wounded, and 66 are still prisoners of war. Thirteen were lost in Albania for 60 days and were returned to allied control after traveling with the aid of the underground.

Deaths have been due to accidents, jeep, peep, automobile, and airplane crashes. Nurses have also died of jaundice, pneumonia, dysentery, anemia, nephritis, and meningococcal bacteremia. Six have died as a direct result of enemy action.

Nurses have been wounded while serving aboard hospital ships, and in Italy and Burma. Their wounds have included concussions, ruptured eardrums, shrapnel wounds, and shell fragments. One flight nurse in Burma was wounded when the airfield was strafed and bombed. All the wounded, with the exception of the six mentioned above, have recovered and returned to duty.

EDGAR BERGEN, FRIEND OF NURSES

Edgar Bergen, is entertaining in Army hospitals during his vacation from radio, playing the "Purple Heart Circuit."

Few people realize when they listen to Charlie McCarthy's saucy talk on the radio or watch Mr. Bergen converse with Mortimer Snerd that the boys' "straight man" is not only the famous stage, screen, and radio star, but that he is also a benefactor and sincere friend of nurses and the nursing profession.

Mr. Bergen first became interested in the nursing profession when he was a patient in a Los Angeles hospital. He found, during his stay, that numerous students were having difficulty paying their tuition, maintaining uniforms, and meeting various emergencies as they arose.

With the cooperation of the Director of the School of Nursing, Mr. Bergen arranged to loan money to the young ladies, to be repaid after graduation. There were only a few students at the Los Angeles hospital that needed help, but it set him to thinking that there were no doubt many more in hospitals throughout the country. He set about to find them, but to his amazement, he found hospital superintendents and directors of nurses most uncooperative. They did not have students, they told him, that needed help! Despite their statements, Mr. Bergen was told that with some students the need was not merely present but urgent, and after much effort he gained the confidence and cooperation of 27 out of the 200 hospitals he approached.

Last spring, Mr. Bergen sponsored the making of nursing education films in technicolor. These pictures are on 16-mm. film and are designed to aid in the teaching of student nurses.

The nursing profession, like all branches of the medical profession, is a bit tardy in its national method of teaching. Some schools are using the visual-aid method of teaching, but the majority are not, and it is felt by the women who have cooperated in making these films that the moment instructresses and hospital directors learn about films, revolutionary, and much more satisfactory methods of teaching can be employed, especially in the smaller schools where unusual types of cases are rarely seen.

Mr. Bergen, however, does not pose as a nursing educator. He is merely a man with a kind heart and a generous nature who hears and replies to the plea of progressive nurses to "do something!"

To date, Mr. Bergen has helped some 38 nurses to graduate from schools of nursing. He calls them "his" nurses and their pictures are on his bulletin board. About 83 percent of the nurses who borrowed money from him have already

repaid him as agreed; those that failed, he explains, became ill or otherwise had to drop out of the school.

It gives one a nice feeling to know that men like Mr. Bergen are interested in the nursing profession. If the Public Health Service had not originated the Cadet Nurse Corps, Mr. Bergen would no doubt have had his hands full by this time. A vote of thanks to a fine entertainer and a wonderful man.



BANDS ON CAPS DISCONTINUED

Most recent decision of the SGO is to discontinue wearing any bands on nurses' caps. It has never been mentioned in regulations, but has been one of those things that has been brought into Army hospitals from civilian hospitals.

For a time the Quartermaster toyed with making it official, and a proposed plan was published in the June issue of the Army Nurse, but since the Bolton bill has been passed, signed, and put into effect, the S.G. has decided against further differentiation between nurses other than by rank and assignment. Seniority takes precedent except in cases where specifically stated as otherwise.

FACTS ABOUT DEPENDENCY ALLOWANCE

In order to receive the dependency allowances for officers who are entitled to them, the following certificate is prescribed for use with pay and allowance accounts and should be submitted monthly with the pay voucher:

For the purpose of obtaining payment of certain allowances from the government and in support of my contention that my mother (father) is in fact dependent on me for her (his) chief support, I hereby certify that the following statements of fact are true and correct:

1. That my mother (father) is Mrs. (Mr.) _____ who lives at _____.

2. That the amount required for my mother's (father's) reasonable and proper living expenses is from \$ _____ to \$ _____ per month.

3. That for the period from _____ to _____, I have contributed to the support of my mother (father), without any consideration therefore or hope or expectation of return therefrom, the sum of \$ _____.

4. That the total gross income of my mother (father) from all sources (including in such income any payment or contribution of others toward her (his) proportionate share of household or living expenses) other than my contribution has not exceeded and does not exceed \$ _____ per month or \$ _____ per year for the period from _____ to _____.

5. That the living expenses actually incurred by my mother (father) during the period from _____ to _____ amounts to from \$ _____ to \$ _____ each month.

(Name)

(Grade and organization)

Where the facts set forth in the above quoted certificate clearly show that the contribution of the officer is the chief support (more than 50 percent thereof) of his mother (father), payment of increased rental and subsistence allowances on account of such dependent will be made without submission to the comptroller for advanced decision. Where the facts do not show that the contribution of the officer is the chief support of his mother (father), payment will be declined. Where the facts shown raise a doubt as to the dependency of his mother (father), the voucher and supporting certificate covering such increased allowances will be submitted for advanced decision as heretofore. The use of Standard Form No. 1037 (mother's affidavit) is discontinued. Line 4 of War Department Form No. 336 (pay and allowance account) will be completed, but the supporting statement thereunder will be ignored, the subject matter thereof being covered by the officer's certificate set forth above.

Further information desired by Army nurses, physical therapists, and dietitians interested in the dependency allowance can be obtained from Army Regulation 35-4220, paragraphs 9 through 12, or by calling your local finance officer.

ANOTHER THEATER HEARD FROM

Dorothy Sutherland, on military leave from R.N., has been covering the activities of Army nurses in Italy for the past 3 months. In her last letter she said she had been talking to the nurses to bring them up-to-date on trends and thinking at home. "They are starved for this kind of information," she wrote. "Recently the May issue of The Army Nurse came in and I think you should have their reaction. They think it is a swell idea, but they think it should report more and editorialize less. They would like to see news items about uniforms and other regulations (these have been most helpful, they say), and news about what is going on in Army hospitals at home. They are not

impressed by details of awards because over here everybody knows the true facts which usually are that the award winner just happened to be singled out for attention. They also want to hear what is going on in civilian nursing, what post-war planning is under way, what has happened to the Army rank bill, what is going to be done for Army nurses during and after the war. They didn't like the comment about the high-ranking officers who would gladly trade places with the second looney who didn't get a promotion, and they don't like the 50 percent promotion system because they say it removes the merit factor. They also want to know how the Cadet program is coming along and how it is working out in Army hospitals."

Miss Sutherland's report from Italy is appreciated. The Army Nurse is published for the benefit of the members of the Corps and the dietitians and physical therapists. We want to hear from nurses in every section. Let us have your comments concerning the kind of material you would like published in the Army Nurse.

Looking Forward

Much thought is being given these days to postwar planning. Nurses are surveying the field to determine the nursing needs for the next 5 years. Based on their findings, plans for the distribution of nursing service will be formulated. A great deal of work has already been accomplished. All committees are continuing their work throughout the summer. The nurses are working in close cooperation with the ANA, the AHA, and the Federal Health Organizations - Army, Navy, U. S. Public Health Service, Veteran's Administration, Indian Service, and Children's Bureau. Never before has there been so much emphasis placed on nursing. Never before have doctors and hospital administrators given so much attention to nursing service.

WHAT THE CADETS ARE DOING

As of 1 August 1944 about 700 senior cadets are on duty in 23 Army hospitals throughout the country. These cadets have been transferred from 230 different civilian schools of nursing. There are about 1,100 civilian schools now training student cadets, and it is anticipated that there will be representatives from practically all those schools by the time the Army reaches its quota of 1,500 cadets.

Reports from directors of senior cadets in all Army hospitals are enthusiastic and encouraging. Senior cadets are serving to replace Army nurses who are being released for assignment to overseas units or for service in other Army installations. Cadets have been welcomed by all commanding officers, and their advent has served to stimulate the interest of not only the nursing staff but also the medical staff. The senior cadets themselves are very enthusiastic and are adjusting themselves well to Army life.

Since the purpose of accepting senior cadets in Army hospitals was twofold, namely, to supplement the nursing service and also to enrich the training to the cadets, it would appear that both of these purposes were being accomplished. (See photograph on page 12.)

R. N.'s SHOULD KNOW

By Dorothy Sutherland

(This article appeared in the April issue of R.N. Next month we will print the answer to it that appeared in Trained Nurse and Hospital Review. So you may know both sides, please read both articles. It is for your information, without editorial comment)

As state associations prepare this month for annual meetings in May and ultimately the session of the A.N.A. House of Delegates in June, word comes of a rank-and-file movement throughout the country to put new life into local, state, and national elections.



SENIOR CADETS -- BASIC TRAINING CENTER FOR A.N.C. - FT. DEVENS, MASS.
Inspection by Major Mary C. Walker, S.G.O., Major Bertha Grady, Commandant, Major Katherine Mullaney, Hqs 1st SC, Captain Lillian Salsman, Lt. Margaret Boherty

So far as can be determined, it began in the midwest, swept to the southwest, circled down through some of the Gulf states, and on up the eastern seaboard by word of mouth, by telephone, by unofficial letter from one nurse to another. It began also, apparently, with a group of private duty nurses who viewed with alarm a trend they believed was developing in A.N.A. policy -- namely, to keep in office year after year the same nurse officials and to appoint to important committees the officers of the three national nursing associations and other interested groups, such as the American Red Cross. This practice, nurses say, tends to narrow association opinion down to that of a small group of women -- many of whom have not been actively nursing for years. At the same time, the sentiments of those thousands of nurses who are actually caring for the sick become submerged under official disapproval.

One particularly irksome fact is the structure of the A.N.A. Board, these nurses state. Made up of 11 elected and 7 ex officio members, all Board action may be influenced almost equally by the opinions of the nonvoting ex officio members as by the opinions of the elected members who do actually vote.

Feeling that responsibility lies as much with the rank and file of A.N.A. membership as with the elected officers, progressive R.N.'s in various parts of the U.S. are now urging that more care be used in the selection of local candidates for office, and that special attention be given to the important job of selecting delegates who will vote for new A.N.A. officers in June.

One group has had printed and circulated, at its own expense, more than 7,000 leaflets, "Wake Up! Registered Nurses of the U.S." The text begins:

"There will be an A.N.A. meeting June 6th to 8th at Buffalo. What are you going to contribute of yourself to make it a success? If you are not going as a delegate, it is your responsibility to help elect the right persons . . . nurses who are interested in problems pertaining to registered nurses of all phases of nursing, and nursing that will benefit the communities and keep standards high . . ."

When interviewed, the nurses who prepared and distributed the leaflets said very frankly that they wish to work for professional benefits through their professional association. What they criticize is that this has been nigh on to impossible in the past because of the apparent conflict between the objectives of A.N.A. officers and A.N.A. nurse-members.

Following up leads volunteered by individual nurses, R.N. found that wherever opposition to the A.N.A. policy existed it took very much the same shape. Nurse after nurse said the same thing. "The A.N.A. as now constructed certainly does not adequately represent membership wishes."

Here is a summary of all the opinions submitted to R.N.

Nurses want, and say the A.N.A. has failed to support:

1. The expenditure of membership dues for the advancement of professional nursing.

2. The development of a plan to provide low-cost professional nursing service from hospital to home through voluntary "nursing insurance" similar to "3¢-a-day" hospitalization insurance.

3. The development of a sound program of social security for nurses.

4. A policy of "a professional association of and for professional nurses," and prohibition of the use of the title "nurse" by other than R.N.'s.

Chief complaints regarding the spending of membership money revolve around the costly field trips of representatives from headquarters, the launching of expensive surveys by mail, and recent A.N.A. support for the recruitment program of the National Association of Practical Nurses. Neither field trips nor surveys are directed pointedly enough toward basic nursing problems, R.N.'s say, nor do the results as related to individual members justify the costs. As for the practical nurse situation, a volcano of disapproval promises to erupt.

There are some private duty nurses in various parts of the U.S. who are basically "anti-practical nurse." But the majority who were interviewed by this magazine founded their chief objection on the fact that the A.N.A. currently appears to be wet-nursing a new infant with excessive tenderness while its own true baby, professional nursing, squalls unhappily.

Here are some quotes:

"According to its Constitution and By-Laws, the A.N.A. was created to provide for the graduate registered nurse with emphasis being put on maintaining standards of professional nursing. The object of this original clause has never been changed . . ."

"The A.N.A. membership has not yet been able to learn the amount of money given to the Nursing War Council by the association, but they have been told that the A.N.A. has made substantial contributions to the Council. In our opinion, these funds are being used to finance the publicity program the Council is conducting nationally to recruit practical nurses . . ."

"The A.N.A. is fast becoming a collecting agency only, when actually it should now be concentrating on postwar planning..."

"The A.N.A. offers us the Harmon Plan every time we speak up about re-

tirement funds and security for old age. Few of us can afford to invest in Harmon annuities."

"The A.N.A. says we must provide the public with cheap nursing, but they would rather give the public practical nurses at \$5 to \$7 a day than work out a sound program of nursing insurance using the R.N."

R.N.'s readers will recall that through two biennials delegates of several states steadily but unsuccessfully opposed increasing A.N.A. dues 25¢ per year per capita. Some who fought the increase now claim that that same 25¢ is being donated by the A.N.A. to the Nursing War Council to pay for the publicity program that latter group is doing in behalf of practical nursing.

A meeting of District 4 of the Ohio State Nurses Association in September 1942 is the only specific instance R.N. can find of any positive statement by A.N.A. or other officials which would explain the idea that the dues-increase was to be used exclusively for the N.N. C.W.S. After turbulent discussion, Miss Marion Howell, N.O.P.H.N. president, member of District 4, and dean of Western Reserve University, defended the increase and said, hotly, "Ohio has a black eye anyway. This 25¢ is to help support the National Nursing Council for War Service."

The Council itself reports:

"Our program for recruiting practical nurses, was undertaken as part of the regular activities of the National Nursing Council, through its Committee on Attendant and Practical Nurses. We had no special grant or subsidy . . .

"Whether a program for practical nurse recruitment will be carried on in a more active way depends largely upon state and local communities . . . For the present, we have not gone farther than to provide, out of our regular budget, materials which can be used as found desirable."

It may be true that 25¢ of each A.N.A. member's dues goes to the Council, but until actual proof is available that that money is used to publicize practical nursing, the latter idea must stay in the category of a rumor and nothing more. It is known, for example, that the Practical Nurses' Association received \$5,000 for publicity from the Rosenwald Foundation.

Apropos the question of social security for nurses, R.N. investigated the Harmon Plan, found it about equally expensive as any other legitimate annuity available. Actually what the nurse buys is a Metropolitan Life Insurance Company policy similar to those available to the general public. In addition, she now pays a \$2 fee for membership in the Harmon Association, a sum said to be required to cover costs of administering the Plan. It has not been the solution of the R.N.'s security problem as only some 3,000 nurses have purchased it.

Nurses interviewed said they were not in favor of Government domination either of medicine or social security. They look to their professional associations to map out some plan to protect their welfare. But the A.N.A. has not committed itself on lack of provision for nurses in the Social Security Act, they say, nor on the Wagner bill.

Whatever the criticisms, however, all opposition groups are agreed that the remedy comes only through intelligent local elections, through development of factual information with which they may go armed to the national election. Since officialdom is never eager to commit itself, this may be hard to obtain. Interested groups, however, hope to take enough facts with them to Buffalo to prove at least that great swathes of national membership are thinking now as never before.

As one spokesman put it, "We have a responsibility to those girls nursing overseas. They've got to have a profession to come back to, a career -- not just a job, and a decent life to look forward to in the future. Those of us

who have stayed home have got to get busy. Without proper control those girls may come back to find bedside nursing in the hands of the 100,000 practical nurses we are now recruiting, and 100,000 fewer jobs for R.N.'s . . . "

WAR DEPARTMENT CIRCULARS

The new circular pertaining to Army nurses which was published 17 July 1944 is War Department Circular No. 304 (Secs I and II). The directives deal with the procedure for procuring and commissioning members, administrative procedure pertaining to members of the Army Nurse Corps, hospital dietitians, and physical therapists and other pertinent information concerning nurses under the new status since 22 June.

* * * * *

Section I Circular No. 295 War Department, 1944, states that there is no provision made for the collection of ward service charges and that collection of these charges from dependents of military personnel will be discontinued at once. Employment of necessary attendants for the care of all patients (including dependents of military personnel) whose admission is authorized by Army Regulations 40-590, is authorized from appropriated funds, and only in emergencies will such persons be paid from post hospital funds.

WOMEN'S ATHLETIC ACTIVITIES

Section VIII Circular No. 282, War Department, 1944, states

"Commanding officers will encourage the participation of all women personnel in sports activities while insuring that the conduct of such activities is in the best interests of the women so engaged. For example, basketball will be played in accordance with women's rules for that sport as approved by the National Section on Women's Athletics of the American Association for Health, Physical Education, and Recreation. Women officials will be utilized whenever possible.

ASSIGNMENT OF HOSPITAL PATIENTS

Circular No. 280, War Department, 1944, deals with the assignment of hospital patients and gives a detailed explanation of patients attached from other organizations, orders and changes of address on patients and patients released from hospitals. All chief nurses and ward charge nurses are encouraged to obtain this circular and read it for their own information.

REGARDING PHYSICAL THERAPY

Section VIII, Circular No. 281, War Department, 1944, deals with the coordination of physical therapy with orthopedic service.

In Army hospitals, injuries of the extremities and spine constitute the majority of conditions requiring physical therapy. As this form of treatment represents an integral part of the medical and surgical care of such cases, a closer coordination of the physical therapy department activities with those of the orthopedic section is essential if the patient is to derive the maximum benefit therefrom. It is believed that such coordination can be accomplished most effectively by making the physical therapy department a unit of the orthopedic section.

In hospitals where physical therapy is not already a unit of the orthopedic section, it will be transferred thereto, unless, because of local conditions, such a transfer would be clearly prejudicial to the most efficient care of the patients.

CHRISTMAS MAIL

Section VI, Circular No. 281, War Department, 1944, states that

"Christmas parcels for personnel of the Army overseas will be accepted by post offices in the continental United States during the period between 15 September 1944 and ending 15 October 1944 without the request of the addressee

required by paragraph 4, Circular No. 141, War Department, 1943. The usual limits of weight and size namely, 5 pounds, 15 inches in length and 36 inches in length and girth combined, will prevail. Not more than one Christmas parcel will be accepted in any one week when sent by or on behalf of the same person or concern to or for the same addressee.

Christmas parcels for personnel leaving home stations en route overseas shortly before or subsequent to 15 October 1944, will be accepted after 15 October up to and including 10 December 1944, upon presentation by the sender of a change of address notification from the addressee received subsequent to 30 September 1944. Perishable matter will not be accepted for mailing and the sending of fragile articles is discouraged.

ABOUT NURSES' AIDES

Section V, Circular No. 226, ASF, 1944, authorizes the appointment of nurses' aides as paid employees by any Army hospital or dispensary where trained nurses are employed. Nurses' aides will perform the following duties under immediate supervision of a graduate nurse: make beds, give baths; take and record temperature, pulse and respiration of other than seriously and critically ill patients; prepare patients for meals and feed helpless patients; carry trays; fill water pitchers; serve liquids and prescribed between-meal nourishment; assemble material for enema, lavage, gavage, etc.; give enemata; fill hot water bottles, ice bags, and collars; give bedpans to other than seriously and critically ill patients; take care of linen closets;



SOMEWHERE IN NORMANDY

keep bedside tables clean and in order; perform such related nonprofessional duties as will enable graduate nurses to render greater professional service to patients, and when especially trained, will assist nurses in care of patients with communicable diseases and to give perineal care to normal obstetrical cases. (See photo on preceding page)

FROM A MISINFORMED INDIVIDUAL

Office of The Surgeon General
Washington, D. C.

Dear Sir:

Why is it, with the need of nurses overseas to care for our wounded, and the obvious, serious shortage of nurses in civilian hospitals throughout the country, that nurses in Army hospitals work but a 6-hour day?

With each Army hospital ward there are ward boys (enlisted men) and ward attendants (civilians), who admittedly (by the nurses themselves) do most of the work. The nurses admit they do practically nothing but keep the charts ("We're not nurses here, we're bookkeepers") and that they would not be tired were they to be on duty 12 hours; the 6-hour duty day, they confess, is ridiculously low, their pay excellent, and they have it much easier than they ever had before and considerably softer than nurses now doing civilian hospital work where they are of necessity overworked and still not able to give patients the care they require.

We all make mistakes, but it is the wise man who, when he sees his mistake, corrects it. One cannot but wonder why a 6-hour day, in wartime, when we are all to make sacrifices and do more than ever before, was decided on for nurses. This may not be the case in all Army hospitals; it is, in the hospital in which I work and probably is the schedule in all Army hospitals.

If a sensible, wartime schedule were in effect, many nurses could be relieved from duty in the United States to serve

overseas or to go back to their home towns where they are needed and would be able to say, after the war, that they did their part. They certainly will not be able to say it for the work they do now.

With no malice intended rather, love of my country, an interest in the war effort, a desire for efficiency in all things."

* * * * *

It is difficult to say whether the above letter was written by a nurse or just an interested bystander, or whether it comes from one of the enlisted corpsmen or corps WACS, or civilian employed in Army hospitals. Obviously whoever it was has been observing nurses who were either misinformed as to the duties of an Army nurse, or who were not carrying out their part of the agreement with Uncle Sam to do nursing duties for money received. Uncle Sam doesn't hire bookkeepers at Army nurses' salaries, or with their qualifications.

It hasn't been so many years ago that a hospital was considered and even called, a "pest house." People went into them only when they had insufficient money to pay someone to care for them at home. It must have been pretty terrible to have been a patient in one of those hospitals. Doctors took only a vague interest in patients; nurses, if there were nurses, were careless; and what little work that was done was halfheartedly accomplished by folks who didn't know much about it at all.

By a rigid maintenance of standards and by demanding a minimum amount of training and education for the men and women who worked around a hospital, the medical profession abolished the "pest house" and established in its place a scientific center of healing.

This reputable hospital required women who had professional skill, ethics -- and a conscience.....and the women who worked in them, for the protection

of the patients, were required to have that certain education and training that made them safe. Doctors kept an eternal vigilance over the activities in the hospital and no slip in technique -- no slip in social behavior -- was allowed to go unchallenged. In good hospitals, unprofessional behavior and sloppy technique did not exist, and the patient who was admitted was assured of careful care and treatment.

Most doctors and nurses today do not know the dangers of a "pest house." The greater number take for granted the well established, well administered, professionally efficient and patient-considerate hospital where they received their medical and nurses training. It was present when they started, present during the time they studied, and it was still there when they left. They accepted no responsibility for it, yet they were proud of it.

For the first time in many years, hospitals are being operated by a minimum of trained personnel and a maximum of half-trained laity. The laity intend no harm -- their only hope is to be of service, but it is a matter of too little medical training, too little nursing background.

An Army hospital, unlike the long established permanent staff of a civilian hospital, is dependent upon the conscience of its doctors and nurses WHO ARE ON DUTY TODAY.

Almost all of these doctors and nurses were on duty in civilian hospitals not so long ago with civilian patients and civilian standards. A patient in an Army hospital is no different than a patient in a civilian hospital. He is still a human being -- still entitled to the same care, consideration, and protection that human beings in reputable hospitals are supposed to receive. It is the responsibility of the doctor and the nurse to see that he gets it.

Don't let your hospital become a pest house -- you never know when you're going to be a patient in it!

QUESTIONS AND ANSWERS

Q. Since the Bolton bill has been passed, what dependent allowances have been granted to members of the Army Nurse Corps?

A. The term "dependent" shall include at all times and in all places unmarried children under 21 years of age. It also includes the father or mother of the person concerned, provided he or she is, in fact, dependent on such person for his or her chief support. The term "children" shall be held to include stepchildren and adopted children when such stepchildren or adopted children are, in fact, dependent upon the person claiming dependency allowance.

The statute recognizes that in some cases the father or mother of an officer may be dependent upon the officer. It may be stated generally that in any case where the income and the value of other elements entering into the cost of living expenses regularly received by the father or mother from other sources is greater than the value of the contribution received from the officer, the father or mother is not dependent upon the officer for his or her chief support. The statute does not contemplate that such officer, who occasionally contributes, whether gratuitously or necessarily, towards the living expenses of a father or mother, but who is not the father's or mother's primary and chief support to the exclusion of other possible sources, shall receive the increased allowances. In any case where the major portion of the means of livelihood of the father or mother is received from other sources, he or she is not dependent upon the officer for his or her chief support.

Q. Is it still permissible to wear white shoes with the beige uniform? Can they be worn with the brown and white seersucker?

A. It is still optional to wear the white shoes with the beige uniform, but they are not authorized for wear with the brown and white seersucker. Brown shoes are called for by regulations. (AR 600-37)

Q. What provision has been made for summer gloves? The brown leather gloves are too hot for summer wear. Are white gloves permitted when white shoes are worn?

A. The Q.M.G.'s office states that fabric gloves, brown, (the same color as your issue leather gloves), may be worn in lieu of the leather dress gloves if desired. White gloves are not mentioned in Army Regulation 600-37.

Q. Is the insignia worn in the same position on the convertible type waist, when it is worn open without a coat, as shown on page 33, section III, figure 17, A.R. 600-37? It is not worn at this angle on either the dress or indoor uniform and looks as if it were incorrectly placed. NMD

A. Insignia on the waist when worn without the coat, whether open or with a necktie, is the same as the officers' shirt - 1 inch in, 1 inch up. The insignia on the dress and uniform dress is different because the lapels are larger and the uniform is entirely different from other officers in the Army.

Q. (1) Request information as to whether an Army nurse, married to an Army officer, both being stationed at the same post, is entitled to draw rental allowance. (2) Request information as to the status of the Army officer as far as rental allowance is concerned under these same circumstances. (3) Request the authority for the above if rental allowance is granted under these conditions. (4) This information is requested because rental allowance has been refused by the Finance Office here, even though we maintain quarters off the post, because Government quarters are provided for single officers. However, adequate quarters for married officers are not provided. Information from nurses in the states who are married to officers is that both are granted rental allowance. (5) Has the Army Nurses' Rank Bill been passed? MLS

A. A nurse who is married to an officer is entitled only to the rental allowance of an officer without dependents. If quarters in kind are furnished (even though not suitable for occupancy by a married couple), no cash allowance is payable.

The officer husband is likewise entitled only to the rental allowance of an officer without dependents. If suitable quarters in kind are furnished, the officer does not receive a cash allowance. However, in his case in determining whether or not the quarters assigned to him are adequate, his marital status must be considered. Consequently, even though the quarters assigned are suitable for an unmarried officer without dependents, if they are not suitable for occupancy by an officer and his wife, they are not considered adequate and the cash allowance is payable. Authority for this statement may be found in an opinion of The Judge Advocate General, 1944/84 SPJGA, 20 January 1944, extracted in the February Bulletin of the JAG on page 71.

The bill granting commissioned rank to the members of the Army Nurse Corps was approved 22 June and on 10 July 1944, Executive Order 9454 commissioned and ordered to active duty as officers in the AUS all members of the Army Nurse Corps, physical therapists, and dietitians who were on active duty 22 June.

Q. (1) We have recently requisitioned the seersucker uniforms. What kind of headress is authorized for wear when the dress with jacket is worn off duty? Also what color shoes are worn? (2) Will office personnel wear the seersucker? (3) When and where are seersucker slacks to be worn, and what is the headress to be worn with them? (4) When O.D. slacks are worn, what is the proper headress? Is there an O.D. overseas cap that may be purchased and from where?

A. (1) Cap, olive drab, service and shoes, women's low (Army russet) are the items of uniform to be worn with the seersucker converted street dress. (2) Office personnel may wear the seersucker, if they so desire. (3) Seersucker slacks are to be worn on hospital wards in maneuver areas, desert training centers, on hospital ships and hospital trains, and at any other time and place that the commanding officer of the immediate unit may find them necessary or desirable. (4) Slacks are worn as an off-duty uniform, and the

regular hospital cap is the headdress. At the present time an O.D. cap is not authorized, but there are rustlings in the leaves that indicate a change is on the way.....and the same is true of the green shirt and tie with the O.D. shirt!

Q. Would it be possible for me to apply for a transfer to a hospital ship complement on the West coast? How would one apply for such a transfer? The girls were also wondering if it is possible to get out of Transportation Corps and be assigned to an overseas unit? JAB

A. A transfer is possible. Would apply through channels in the usual manner. Also application for assignment to overseas unit must be in writing through channels..



Q. Within a period of about 2 weeks the nursing staff of this station hospital will have their issue of brown and white seersucker uniforms. Is it compulsory for the nurses to wear these uniforms, or may they continue to wear the white uniforms? JRP

A. The brown and white should be worn as soon as it is obtained. It is highly desirable that all Army nurses be in the same uniform as early as possible.

Q. In a recent issue, the question was asked if the passing of HR 4445 would give Army nurses the privilege of resigning. The word "privilege" was probably ill-chosen; the question should have asked "can" Army nurses resign if the bill (s) are passed.

First, as to being able to resign now, having relative rank, AR 35-2020, dated 25 February 1943, gives Army nurses, in paragraph 1, relative rank for the duration of the present war plus 6 months, and in paragraph 13, makes provisions for final pay of Army nurses who do resign. Nowhere does it say they cannot resign. Second, if the bill is passed and their rank is no longer merely relative, it seems Army nurses could resign just as an officer in any other branch, which is done not infrequently. (San Antonio, Texas)

A. The regulation to which you refer pertained to nurses who married and who were permitted to resign until 1 October 1942. That was changed by Section II, Circular No. 317, War Department, 1942, which required nurses who married to remain in active service for the duration and 6 months unless physically disqualified, and which prohibited nurses who married from resigning.

There seems to be some confusion regarding resignations of officers "which is done not infrequently." By the enactment of Public Law No. 338, 77th Congress, approved 13 December 1941, the active duty of all personnel of the Army of the United States who were on extended active duty on 13 December 1941, was extended for the "duration of the war plus six months." Members of the Army Nurse Corps came

within the scope of this law, - as did all other officers. By the same law, "all personnel of the Army of the United States are available for service without regard to territorial restrictions." This Public Law was distributed for further clarification, on 8 March 1942.

No doubt you have confused officers "resignations" to officers "return to inactive status, which may be done upon the officers request if he is 38 years of age and is not in an essential position in the Army.

The passing of the Bolton bill does not give a nurse the opening to resign. It is, rather, an additional rank rather than a replacing rank. Members of the ANC who were on duty 22 June 1944 are officers of the AUS IN ADDITION to being members of the Army Nurse Corps.

Q. How does one decline an appointment in the Army of the United States?

A. It is extremely simple. Should you wish to decline, you should write a letter to The Adjutant General stating that you do not care to accept an appointment as a commissioned officer in the AUS. This would not automatically discharge you, however, for you would merely continue to hold relative rank in the ANC. A nurse does not vacate her position in the Army Nurse Corps by accepting a commission in the AUS, but by accepting the temporary commission in the AUS, she receives increase in pay for length of service in grade as do commissioned officers. Nurses with dependents are entitled to dependency allowance, and nurses retired for disability incurred in line of duty will receive three-fourths of the active duty pay they are receiving at the time of retirement, instead of three-fourths of the pay she would receive as a member of the Army Nurse Corps, whose retired pay would be based on the pay scale for Army nurses dated June 1942.

It is well to remember that the nurse who declines appointment in the AUS at this time will not be given the opportunity to reconsider at a later

date. The Adjutant General is too busy to quibble.

Q. (1) What cap should be worn with the seersucker slacks and shirt, or with the seersucker uniform when off duty? (2) As the uniform collar is to be worn outside the jacket, will the insignia of rank be worn on the shoulders of the jacket? (3) Where can we obtain extra copies of the Army Nurse Corps Pledge suitable for framing? DMK A. (1) The seersucker slacks are not for street wear when off duty. The seersucker street dress calls for the olive drab service cap. (2) The insignia of rank is worn on the shoulders of the jacket. (3) Copies of the Army Nurse Pledge may be obtained by a request to this office. Copies of the Army Nurse Corps song are also available in sheet music (.22), band arrangements (free to Army bands), or dance arrangements upon request to Leeds Music Company, RKO Building, Radio City, N.Y. A letter to Mr. George Levy will bring a dance arrangement.

Q. (1) Under what authority are Army nurses now discharged because of pregnancy? (2) Are Army nurses still discharged for Conduct Prejudicial to the Service or is it just written on the letter of appointment as "discharged from the Army Nurse Corps"? (3) Is travel time given now for all types of discharges? MW

A. (1) Army nurses discharged for pregnancy are discharged under AR 40-20 par. 17-b(1)(a) which is "unsuitability for military service." (2) Nurses may be discharged for "Conduct Prejudicial to the Service" when occasion demands. (AR 40-20, 17-a) If this discharge is effectual, it should be noted on the letter of appointment. (3) Travel time is given for all discharges except the dishonorable discharge.

Q. Do you have any information concerning a psychiatric nursing course given by the Army? If so, I would appreciate it if you could send me this information and if Air Corps nurses are eligible to take such a course. JM A. The First Service Command has established a course in psychiatric nursing for the purpose of instructing First

Service Command nurses. So far, there has been no War Department school established. The Air Forces do not have a course in psychiatric nursing.

Q. (1) Will the nurses' seersucker uniforms be worn in place of the white uniforms at all times? (2) What type of cap shall we wear with the nurses' seersucker uniform outside of the hospital area? (3) How are the insignia worn on the nurses' seersucker uniform when the jacket is worn? (4) Where and how is the belt tied on the nurses' seersucker uniform with and without the jacket? NAF

A. (1) The brown and white uniform replaces the nurses' white uniform entirely. (2) The olive drab service cap is authorized. (3) The insignia of rank is worn on the shoulders, the caduceus, on the left side of the collar and the U. S. on the right. (4) The nurse's belt is tied on the left in a flat bow. When worn with the jacket, many nurses tuck it out of sight, first tying a flat double knot.

CHANGE IN DESIGNATION OF PHYSICAL THERAPY PERSONNEL

In accordance with Public Law 350 (78th Congress) full military rank was authorized for members of The Army Nurse Corps and dietetic and physical therapy personnel in the Medical Department of the Army.

In this connection, The Adjutant General issued instructions to The Commanding Generals of all Service Commands and Theatres relative to the change from relative to full military rank for the above personnel.

In the commissioning of Physical Therapy personnel, the term "Physical Therapy Aide" was discontinued and the title "Physical Therapist" was authorized. The former term "Aide" was too often confused with untrained personnel in other categories.

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